

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/800,992
Filing Date	March 15, 2004
First Named Inventor	Beck
Group Art Unit	1614
Examiner Name	Jagoe, D
Attorney Docket Number	D-2804CON2
Total Number of Pages in This Submission	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of _____ CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

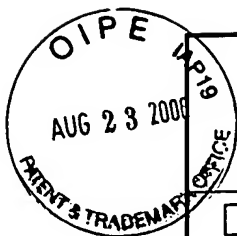
Firm Name	Stout, Oxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Carlos A. Fisher		
Date	8/21/06	Reg. No.	36,510

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Carlos A. Fisher	Date	8/21/06

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Application claims small entity status. See 37 CFR 1.27

Complete if Known

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TOTAL AMOUNT OF PAYMENT (\$) 790

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 01-0885 Deposit Account Name Carlos A. Fisher

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Subtotal (1)							0

2. EXCESS CLAIM FEES

Fee Description				Small Entity	
				Fee (\$)	Fee (\$)
Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent				50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100
Multiple Dependent Claims				360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
_____ -20 or HP = _____	x _____	_____	_____	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____
_____ -3 or HP = _____	X _____	_____	_____		
HP = highest number of independent claims paid for, if greater than 3					
				Subtotal (2)	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = _____ /50= _____ (round up to a whole number)				
Subtotal (3)				0

4. OTHER FEE(S)

<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)	
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)	
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)	
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)	
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)	
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)	
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)	
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)	
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)	
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)	
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)	
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)	
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)	
<input checked="" type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)	790
<input type="checkbox"/> Other: <u>Fee under 37 CFR 1.17(p)</u>	180
Subtotal (4)	970

SUBMITTED BY

Name (Print/Type)	Carlos A. Fisher	Registration No. (Attorney/Agent)	36,510	Telephone	949-450-1750
Signature		Date	8/21/04		